

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution – General and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a dispute resolution review was conducted by the Medical Review Division regarding a medical payment dispute between the requestor and the respondent named above. This dispute was received April 7, 2003.

This AMENDED FINDINGS AND DECISION supersedes all previous Decisions rendered in this Medical Payment Dispute involving the above requestor and respondent.

The Medical Review Division's Decision of February 3, 2004 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of February 23, 2004. An Order was rendered in favor of the Requestor. The Respondent appealed the Order to the Chief Clerk of Proceedings. This AMENDED FINDINGS AND DECISION supercedes all previous decisions rendered in this matter.

Date of service 08/28/03 was inadvertently typed as 08/29/03 for CPT Code 97122 on the 3<sup>rd</sup> page, 2<sup>nd</sup> paragraph. This was changed and now reflects the correct date of service. Also noted in the same paragraph, the last line should read, "Reimbursement in the amount of \$175.00 (\$35.00 x 5) is recommended" and has been corrected to reflect this change.

## **I. DISPUTE**

Whether there should be reimbursement for CPT codes 99213-MP, 97110, 97122, 97250, 97265, and 99213 for dates of service 05/23/02 through 10/21/02.

## **II. RATIONALE**

Neither party submitted EOB's for dates of service 05/23/02 through 07/8/02, 09/6/02, and 10/14/02; these dates of service will be reviewed per Commission Rules and the 1996 Medical Fee Guideline.

Per the EOB's submitted, dates of service 07/30/02 through 08/28/02, 09/13/02 through 9/20/02 and 10/21/02 were denied as "C – Contracted % discount reduction".

- CPT Code 99213-MP for dates of service 05/23/02, 09/06/02 and 10/14/02 – EOB's not submitted. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(B)(1)(b) SOAP notes support delivery of service. Reimbursement in the amount of \$144.00 (\$48.00 x 3) is recommended.
- CPT Code 99213 for dates of service 06/12/02 and 06/24/02 – EOB's not submitted. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(4) if treatment by the HCP is to be continued, re-examination by the treating doctor shall occur at least monthly. Reimbursement in the amount of \$48.00 is recommended.

- CPT Code 99213 for date of service 07/08/02 – EOB not submitted. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(4) if treatment by the HCP is to be continued, re-examination by the treating doctor shall occur at least monthly. Reimbursement in the amount of \$48.00 is recommended.
- CPT Code 97110 for dates of service 06/12/02 through 07/08/02 and 09/06/02 – EOB's were not submitted. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended.
- CPT Code 97110 for dates of service 07/30/02 through 08/28/02, 09/30/02 and 10/21/02 – Denied as "C". The requestor states in their position statement they are not a contract provider. The respondent has not provided any evidence to support their rationale for denial. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended.
- CPT Code 97122 for dates of service 06/12/02 through 07/08/02 and 09/06/02 – No EOB's submitted. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) SOAP notes support delivery of services. Reimbursement in the amount of \$140.00 (\$35.00 x 4) is recommended.
- CPT Code 97122 for dates of service 07/30/02 through 08/28/02 and 9/13/02 – Denied as "C". The requestor states in their position statement they are not a contract provider. The respondent has not provided any evidence to support their rationale for denial. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) SOAP notes support delivery of services. Reimbursement in the amount of \$175.00 (\$35.00 x 5) is recommended.
- CPT Codes 97250 and 97265 for dates of service 06/12/02 through 07/08/02 and 09/06/02 – No EOB's submitted. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(C)(3) SOAP notes support delivery of services. Reimbursement in the amount of \$344.00 (\$43.00 x 8) is recommended.
- CPT Codes 97250 and 97265 for dates of service 07/30/02, 08/14/02 through 8/28/02 and 09/13/02 through 09/30/02 – Denied as "C". The requestor states in their position statement they are not a contract provider. The respondent has not provided any evidence to support their rationale for denial. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(C)(3) SOAP notes support delivery of services. Reimbursement in the amount of \$473.00 (\$43.00 x 11) is recommended.

### III. AMENDED DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 99213-MP, 97110, 97122, 97250, 97265, and 99213 in the amount of \$1,372.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,372.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Amended Findings, Decision and Order are here-by issued this 19th day of March 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf